



Hospital Fiscal Report  
 State Form 49520 (R2 /7-02)  
 (Form approved by State Board of Accounts, 2000)

Status: Finalized

I. Identification of Organization

Hospital Name: ST. VINCENT EVANSVILLE HOSPITAL

City of Hospital: Evansville

Year Begin: 07/01/2017 (mm/dd/yyyy format)

Year End: 06/30/2018 (mm/dd/yyyy format)

Person Completing the Report: Bradley Burks

Email Address: bkburks@ascension.org

Medicare Provider Number: 150100

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$764492522
Outpatient Patient Service Revenue	\$984066001
Total Gross Patient Service Revenue	\$1748558523

2. Deductions From Revenue

Contractual Allowance	\$1195313605
Other Deductions	\$43082341
Total Deductions	\$1238395946

3. Total Operating Revenue

Net Patient Service Revenue	\$510162577
Other Operating Revenue	\$18631361
Total Operating Revenue	\$528793938

4. Operating Expenses

Salaries and Wages	\$125215921	Employee Benefits	\$41521802
Depreciation and Amortization	\$15131601	Interest Expense	\$4685880
Bad Debt	\$0	Other Expenses	\$282151986
Total Operating Expenses	\$468707190		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$60086748	Total Assets	\$214854268
Net Non-operating Gains over Loss	\$-331742	Total Liabilities	\$219917282

Total Net Gains	\$59755006
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Statement Two: Contractual Allowance
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Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$806460155	\$659920713	\$146539442
Medicaid	\$272098830	\$216989872	\$55108958
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$669999538	\$361485361	\$308514177
Total	\$1748558523	\$1238395946	\$510162577

Statement Three: Donations Statement
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	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$442707	\$789553	\$-346846

Statement Four: Research Statement
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	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$0	\$0	\$0

Statement Five: Education Statement
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Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$0	\$859152	\$-859152
Hospital Patients	\$0	\$0	\$0
Community Education	\$419	\$668508	\$-668089

Number of Medical Professionals Trained	2361
Number of Hospital Patients Educated	\$0
Number of Citizens Exposed to Health Education Messages	7584

Statement Six: Charity Statement
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Hospital Charity Charges	\$47699205
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$11780190	
HCI Payments	\$0		
Subtotal	\$0	\$11780190	\$-11780190
Medicaid Shortfalls	\$55108958	\$86921529	
Subtotal	\$55108958	\$98701719	\$-43592761
DSH Payments	\$0		
Subtotal	\$55108958	\$98701719	\$-43592761
Medicare Shortfalls	\$146539443	\$199170067	
Other Government Programs	\$0	\$0	
Total	\$201648401	\$297871786	\$-96223385

Statement Seven: Subsidized Health Services for the Community
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	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$793616	\$-793616
Community Assessment	\$0	\$1075791	\$-1075791
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$0	\$19721753	\$-19721753

Comments